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PTO/SB/05 (03-01)
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02480 U.S. PTO
06/27/03

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

| | |
|------------------------|--|
| Attorney Docket No. | CM2682L |
| First Inventor | Giacomo De Lauretis |
| Assignee | The Procter & Gamble Company |
| Title | Method and Apparatus For Thermoforming Films |
| Express Mail Label No. | EV 195332944 US |

APPLICATION ELEMENTS
See MPEP Chapter 600 concerning utility patent application contents.

Mail Stop Patent Application
ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification Total Pages [18]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC §113) Total Sheets [1]
4. Oath or Declaration Total pages [2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
5. ☐ Application Data Sheet. See 37 CFR §1.76

6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
16. ☐ Other:

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. 1

Prior application information:

Examiner: _____


Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number

(Insert Customer No. here)
27752

| | | | |
|-------------------|---|-----------------------------------|---------------|
| Name (Print/Type) | Armina E. Matthews | Registration No. (Attorney/Agent) | 47,780 |
| Signature |  | Date | June 27, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

(Revised for P&G use 4/7/2003)



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | |
| Confirmation Number | |
| Filing Date | |
| First Named Inventor | De Lauretis et al. |
| Examiner Name | |
| Group/Art Unit | |
| Attorney Docket No. | CM2682L |

TOTAL AMOUNT OF PAYMENT (\$750.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE – Large Entity

| Code (\$) | Fee Description | Fee Paid |
|-----------|------------------------|----------|
| 1001 750 | Utility filing fee | [750] |
| 1002 330 | Design filing fee | |
| 1004 750 | Reissue filing fee | |
| 1005 160 | Provisional filing fee | |

SUBTOTAL (1) (\$)[750.00]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity

| | Extra Claims | Fee from Below | Fee Paid |
|--------------|-----------------|---|----------------------------|
| Total Claims | [13] - 20** = | <input type="checkbox"/> x <input type="checkbox"/> | = <input type="checkbox"/> |

Independent Claims [2] - 3** = ☐ x ☐ = ☐Multiple Dependent ☐ = ☐

** or number previously paid, if greater; For Reissues, see below

| Code (\$) | Fee Description |
|-----------|---|
| 1202 18 | Claims in excess of 20 |
| 1201 84 | Independent claims in excess of 3 |
| 1203 280 | Multiple dependent claim, if not paid |
| 1204 84 | **Reissue independent claims over original patent |
| 1205 18 | **Reissue claims in excess of 20 & over original patent |

SUBTOTAL (2) (\$)[]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Code (\$) | Fee Description | Fee Paid |
|---------------------------|---|--------------------------|
| 1051 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> |
| 1052 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> |
| 1053 130 | Non-English specification | <input type="checkbox"/> |
| 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> |
| 1804 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> |
| 1805 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> |
| 1251 110 | Extension for reply within 1 st month | <input type="checkbox"/> |
| 1252 410 | Extension for reply within 2 nd month | <input type="checkbox"/> |
| 1253 930 | Extension for reply within 3 rd month | <input type="checkbox"/> |
| 1254 1,450 | Extension for reply within 4 th month | <input type="checkbox"/> |
| 1255 1,970 | Extension for reply within 5 th month | <input type="checkbox"/> |
| 1401 320 | Notice of Appeal | <input type="checkbox"/> |
| 1402 320 | Filing a brief in support of an appeal | <input type="checkbox"/> |
| 1403 280 | Request for oral hearing | <input type="checkbox"/> |
| 1451 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> |
| 1452 110 | Petition to revive - unavoidable | <input type="checkbox"/> |
| 1453 1,300 | Petition to revive - unintentional | <input type="checkbox"/> |
| 1501 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> |
| 1502 470 | Design issue fee | <input type="checkbox"/> |
| 1460 130 | Petitions to the Commissioner | <input type="checkbox"/> |
| 1807 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> |
| 1806 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> |
| 1809 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> |
| 1810 750 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> |
| 1801 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> |
| 1802 900 | Request for expedited examination of a design application | <input type="checkbox"/> |
| 1454 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> |
| Other fee (specify) _____ | | <input type="checkbox"/> |
| Other fee (specify) _____ | | <input type="checkbox"/> |

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[]

SUBMITTED BY

| | | | | | |
|-------------------|--------------------|------------------|--------|--------------------------|----------------|
| Name (Print/Type) | Armina E. Matthews | Registration No. | 43,780 | Complete (if applicable) | |
| Signature | | | | Telephone | (513) 627-4210 |
| | | | | Date | June 27, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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